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CONFIRMATION NO. 1479

<b>SERIAL NUMBER</b> 10/699,152	<b>FILING OR 371(c) DATE</b> 10/31/2003 <b>RULE</b>	<b>CLASS</b> 015	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Flabio Cavalheiro, Nyack, NY;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/975,028 10/12/2001 <i>ABN</i> ✓ <i>CD</i>					
<b>** FOREIGN APPLICATIONS *****</b> ✓ <i>CD</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/05/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>gub</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Stephen E. Feldman Suite 701 12 East 41st. New York, NY 10017					
<b>TITLE</b> Ergonomically shaped hand held device					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		